

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

107019690 04 JAN 2002

APPLICANT(S)

Shramato

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	3	1				
TOTAL DEP.	1	1	1	1	1	1
TOTAL CLAIMS	5					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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